

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/24/03.

I. DISPUTE

Whether there should be additional reimbursement of DME for the dates of service 06/05/02 and 07/05/02.

II. RATIONALE

For the date of service 07/05/02 respondent denied services as, "A- pre-authorization required not obtained". The requestor billed the carrier \$249.00 and the respondent did not reimburse any amount, leaving \$249.00 in dispute. In accordance with rule 134.600(i)(5) preauthorization is required when DME is in excess of \$500.00 per item. The total is not above the required amount for preauthorization and consequently preauthorization is not required. Reimbursement is recommended in the amount of **\$249.00**.

The requestor billed DME code E1399 in the amount of \$249.00 denying services as "F- Reduction according to Medical Fee Guideline". The respondent made a payment in the amount of \$150.00, leaving \$99.00 in dispute for date of service 06/05/02. The requestor submitted documentation that supports the services were delivered and billed according to MFG DME GR (IV). The requestor submitted documentation that supports their fair and reasonable rate of reimbursement per the submitted redacted EOBs. The respondent did not submit documentation to refute the requestor's fair and reasonable, therefore, additional reimbursement is recommended in the amount of **\$150.00**.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for DME code E1399. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$348.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of December 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb